

PS Form 3811, Apr. 1977

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
☐ Show to whom and date delivered. _____¢
☐ Show to whom, date, and address of delivery. _____¢
☒ **RESTRICTED DELIVERY**
 Show to whom and date delivered. _____¢
☐ **RESTRICTED DELIVERY**
 Show to whom, date, and address of delivery. \$_____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Martha Ann Brittain, Treasurer
 Winchester Hall
 Frederick, MD 21701

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 P006979256

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☒ Addressee ☐ Authorized agent
 DATE OF DELIVERY

4. POSTMARK
 APR 23 1980

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Apr. 1977

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☐ Show to whom, date, and address of delivery. _____¢
☒ **RESTRICTED DELIVERY**
 Show to whom and date delivered. _____¢
☐ **RESTRICTED DELIVERY**
 Show to whom, date, and address of delivery. \$_____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Birch Insurance Agency, Inc.
 Merritt A. Birch, Resident Agent
 901 Wellington Road
 Baltimore, MD 21212

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 P006979255

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent
 DATE OF DELIVERY

4. POSTMARK
 APR 25 1980

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL